

ROUTING AND TRANSMITTAL SLIP

SG1J

TO: (Name, office symbol, room number,
building, Agency/Post) [REDACTED]

Initials _____ Date _____

1. O DT-SC [REDACTED]

2. _____

3. _____

4. _____

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	X For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Attached are copys of Waivers
which have been
approved for the following
APP requirements.

• 330 / 0262/92

• 330 / 0252/92

Original waivers have been
given to LSG-4 for the
Official Contract file

DO NOT use this form as a RECORD of approvals, concurrences, disposals,
clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.
72-800Phone No.
X 3740

SG1J

Approved For Release